Amendments to the Specification

Please replace paragraph [0021] with the following amended paragraph:

[0021] The data entry means ~~preferable~~ preferably comprises presentation means for presenting data relevant to a location of the selected node within the plurality of interlinked nodes and selection means for enabling user selection of at least some of that data. In this way, a user can be presented with relevant data to enter depending on their position within the map and can select it simply. This advantageously speeds up and makes data entry easier for the healthcare practitioner for example.

Please replace paragraph [0022] with the following amended paragraph:

[0022] ~~Preferable~~ Preferably the data entry means is arranged to use the entered data at a first node to determine further information required at a second node, linked to the first node. In this way specific data need only be entered once but can be used at different nodes many times.

Please replace paragraph [0023] with the following amended paragraph:

[0023] The GUI may also comprise means for converting the entered data into a classification code representing that data. This ~~enable~~ enables a uniform representation of any data within the GUI to be achieved. This is particularly advantageous when linking to external systems where the same classification codes can be understood.

Please replace paragraph [0028] with the following amended paragraph:

[0028] The GUI may further comprise feedback generation means for converting a user-determined note into a transmittable message and for transmitting the message to another user having access to a version of the GUI. This enables questions arising from use of the map to be handled in a quick ~~an effected~~ and effective manner and often assists in conveying the context of the feedback more accurately .

Please replace paragraph [0029] with the following amended paragraph:

[0029] Preferably the GUI has access to an Electronic Patient Record Management System

(EPRMS) and the GUI further comprises an EPRMS management means for obtaining and presenting details of a selected electronic ~~patent~~ patient record in a portion of the page. This is a highly advantageous aspect of the present invention. Integration with an electronic patient record can be highly beneficial in that previously stored information about the patient can be used to assist in the progression of the workflow. Furthermore, data obtained in the workflow process can be used to update a patient record at the same time thereby providing a more accurate view of the patient's history at all times.

Please replace paragraph [0072] with the following amended paragraph:

[0072] Communications to and from the Map of Medicine Server 124 are directed to the appropriate software processing module by the NCM 128, as configured by the network communications implementation. The Routing Manager 200 acts as a central hub to which all of the other processing managers and the two software application modules connect, forwarding processing instructions and data to the relevant software processing module. The Map of Medicine Database Manager 202 ~~liases~~ liaises with the Map of Medicine Database 126 under the instruction of the other software processing modules within the Map of Medicine Server 124, handling all queries and updates to the Database 126. A brief description of the general functionality of each of the other processing managers follows below.

Please replace paragraph [0101] with the following amended paragraph:

[0101] Details of the search request are provided to the Third Party Knowledge Base Module 228 which ~~liases~~ liaises with the Map of Medicine Database 126 to obtain Clinical Codes 314 for any additional specified terms, before using the Codes 314 to interface with the Third Party Knowledge Bases 110 (as has been previously described).

Please replace paragraph [0172] with the following amended paragraph:

[0172] The communications system 100, shown in Figure 1, could be structured in a variety of ways. For example, the second computing terminal 116 could be connected to the Local EPRMS 108 directly through a local network, rather than via the Communications Network 112. The local Map of Medicine Server 124 could be configured to access data from the Central EPRMS

106 as well as the Local EPRMS 108. It would also be possible, using so-called 'grid' methodology, for different instances of the local proprietary sub-systems 122 to access the Maps of Medicine stored by other local instances. So, for example, a healthcare practitioner who was temporarily seconded to a hospital in a different region would still be able to access their 'home' version of the Map of Medicine. Furthermore, the Central EPRMS 106 could be made redundant if data from Local EPRMSs 108 was accessible to all other local proprietary sub-systems 122 via the 'grid' ~~metheology~~ methodology. In addition, a Local Map of Medicine Database 126 for a region could store the local Maps of Medicine for a plurality of hospitals in that region. Indeed, it is possible for localised versions of the Map of Medicine to be stored for individual healthcare practitioners, but this would not promote harmonised patient care and so is not favoured by presently preferred embodiments. Of course, the communications system 100 could be simplified by not having any local proprietary sub-systems 122. Furthermore, it will be apparent that the Map of Medicine pages can be provided by the Delivery Manager 208 to a range of computing devices 104, including those which operate via mobile telecommunications protocols such as a personal digital assistant.